

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>MS</i>	45	10/25
FORMALITY REVIEW	<i>MS</i>	823	11/16
RESPONSE FORMALITY REVIEW	MT	823	04/09/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/25
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14	✓	✓	10/25
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23	✓	✓	10/25
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31	✓	✓	10/25
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33	✓	✓	10/25
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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